



Paper Company, Inc.

P.O. Box 11248, 2501 Brittons Hill Rd, Richmond, VA 23230  
Phone (804)358-6715 Fax (804) 358-4742

**Remittance:**  
P.O. Box 11248  
Richmond, VA 23230

### CREDIT APPLICATION

Company Legal Name: \_\_\_\_\_

Division or other trade Names: \_\_\_\_\_

<b>Billing Address:</b>	<b>Shipping Address:</b>
P.O. Box:	Street Address:
Street Address:	City, State, & Zip:
City, State, & Zip:	Telephone: ( ) Fax: ( )
Telephone: ( ) Fax: ( )	Shipping Hours:
Are invoices accepted by email? ( ) Yes ( ) No	Additional Information:
Email address:	

Taxable: ( ) Yes ( ) No Tax Exempt Number: \_\_\_\_\_

**\*If Tax Exempt the attached Form must be returned.\***

<b>ACCOUNTS PAYABLE CONTACT</b>	<b>PURCHASING CONTACT</b>
Name:	Name:
Phone: Fax	Phone: Fax
Email address:	Email address:
Statement Required? ( ) Yes ( ) No	PO # Required? ( ) Yes ( ) No

### TYPE OF ORGANIZATION

Business Description: \_\_\_\_\_

Proprietorship ( ) Partnership ( ) Corporation ( ) LLC ( ) Years in Operation: \_\_\_\_\_

Tax Identification # or Social Security # \_\_\_\_\_

**OWNERS AND OFFICERS:** (If Corporation, Partnership, LLC - Individuals owning 10% or more of the company)

NAME	TITLE	SOC SEC #
1.		
2.		
3.		

### BANK REFERENCE

Bank Name: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Bank Contact: \_\_\_\_\_

**TRADE REFERENCES**

Requested Payment Terms \_\_\_\_\_ Open Account \_\_\_\_\_ COD \_\_\_\_\_ Visa/MC/Amex  
\_\_\_\_\_ Credit Limit Requested

Company Name: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_ Account Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_ Account Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_ Account Number: \_\_\_\_\_

**TERMS**

B.W. Wilson's Payment terms are net 20 unless otherwise specified on the invoice. A finance charge using a 1.5% monthly assessment (18% per annum) will be imposed on the balance (including any unpaid financial charges) not paid within 60 days from invoice date. Upon default of amounts due, a 33% attorney's fee and other costs of collections will be added to the total due. No discount will be allowed on freight or sales tax. It is agreed that venue in any legal action shall be in the courts of Henrico County, Virginia and the laws of the Commonwealth of Virginia shall apply. Customer Agrees to provide B.W. Wilson with current credit information at all times or upon request.

Authorized Signature: \_\_\_\_\_

Title \_\_\_\_\_

Date: \_\_\_\_\_

**PERSONAL GUARANTY**

The Company herein identified on the Credit Application desires that credit be extended to it by B.W. Wilson Paper Company, Inc. (B.W. Wilson) for an open account. B.W. Wilson is unwilling to extend credit to "Company" without the personal guaranty for payment of that open account by the below listed guarantor(s). Therefore, in consideration of the extension of credit by B.W. Wilson to the "Company" the undersigned guarantor(s), jointly, severally, and individually guaranty payment of all present and future indebtedness incurred by the "Company". I/we agree to pay all such amounts owed, plus interest at a rate of 18% per annum, collection costs, 33% attorney's fees, and court costs. It is expressly agreed that in the event of nonpayment by the "Company" that B.W. Wilson may at its option, proceed against the undersigned separately or in conjunction with proceeding against the "Company". No exercise, delay in exercising, or failure by B.W. Wilson to exercise any right under this guaranty, shall be deemed a waiver of such right. I/we agree to immediately notify B.W. Wilson of any change in ownership or change in the information on the credit application. It is agreed that venue in any legal action shall be in the Courts of Henrico County, Virginia and the laws of the Commonwealth of Virginia shall apply. Guarantor agrees to provide B.W. Wilson with current credit information at all times or upon request.

The undersigned personal guarantor, recognizing that his or her individual credit history may be a necessary factor in the evaluation of this personal guaranty, hereby consents to and authorizes the use of a consumer credit report on the undersigned, by B.W. Wilson, from time to time as may be needed, in the credit evaluation process.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please print full legal name and Social Security # \_\_\_\_\_

Please print full legal name and Social Security # \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Account # \_\_\_\_\_

Bank Account # \_\_\_\_\_